

Name: _____

GSC ID: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Preferred Email Address: _____

Current Teacher Certification Program: _____

Initial Certification | I request a change in my PBTC program to the following:

- General Special Education (K-12)
- General Special Education (K-12) and Elementary Education (K-8)
- General Special Education (K-12) and Specific Learning Disabilities (K-12)
- General Special Education (K-12) and Emotional and Behavioral Disabilities (K-12)
- General Special Education (K-12) and Intellectual and Developmental Disabilities (K-12)
- General Special Education (K-12) and Reading/Writing Teacher (K-12)
- General Special Education (K-12) and English for Speakers of Other Languages (K-12)
- General Special Education (K-12) and Mathematics (Grades 5-8)
- General Special Education (K-12) and Secondary Mathematics (Grades 7-12)
- Early Childhood Education (N-Grade 3) and Early Childhood Special Education (0-Age 8)
- Mathematics (Grades 5-8)
- Secondary Mathematics (Grades 7-12)
- English for Speakers of Other Languages (K-12)

Additional Certification | I request a change in my PBTC program to the following:

- Reading and Writing Teacher (K-12)
- Reading and Writing Specialist (K-12)*
- Education Technology Integrator

**Two years of classroom teaching experience and Master's degree required for certification.*

Advanced Certification for General Special Education Teachers | I request a change in my PBTC program to the following:

- Advanced Endorsement: Emotional and Behavioral Disorder*
- Advanced Endorsement: Intellectual and Developmental Disabilities*
- Advanced Endorsement: Learning Disabilities*

**For already certified General Special Education teachers.*

M.S. in School Leadership | I request a change in my program to the following:

- M.S. in School Leadership with Principal Certification
- M.S. in School Leadership with Library Media Specialist Certification
- M.S. in Instruction and Leadership (a Capstone degree)

Reason for request: _____

I am currently working under Alt4 in a critical shortage area: Yes No

If yes, please provide employer information:

Employed by SAU/Program: _____

Superintendent/Program Director Name: _____

School/Program Name: _____

Principal/Supervisor: _____

School/Program Address: _____

School/Program Telephone Number: _____

Date of Employment: _____

Role/Title: _____

Student Signature: _____ Date: _____

Please forward this form to: Granite State College, School of Education, 25 Hall Street, Concord, NH 03301